

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/018617		FILING DATE 17 DEC 2001	
						APPLICANT(S) <i>Endo</i>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		/
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7		/					57		
8	/						58		
9		/					59		
10	/						60		
11	/						61		
12		/					62		
13		/					63		
14	/						64		
15		/					65		
16		/					66		
17	/						67		
18		/					68		
19		/					69		
20	/						70		
21	/						71		
22		/					72		
23		/					73		
24	/						74		
25		/					75		
26	/						76		
27		/					77		
28	/						78		
29		/					79		
30		/					80		
31		/					81		
32		/					82		
33		/					83		
34		/					84		
35		/					85		
36	/						86		
37		/					87		
38		/					88		
39		/					89		
40	/						90		
41		/					91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46		/					96		
47		/					97		
48		/					98		
49	/						99		
50		/					100		
TOTAL IND.	23						TOTAL IND.	6	
TOTAL DEP.	27						TOTAL DEP.	1	
TOTAL CLAIMS	50						TOTAL CLAIMS	7	